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PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/810,500	
	Filing Date	March 19, 2001	
	First Named Inventor	CHEN, Xianzhen	
	Group Art Unit	2834	
	Examiner Name	LAM, Thanh	
Total Number of Pages in This Submission	17	Attorney Docket Number	9-15289-1US

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Fee Determination Record sb06
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	- copy of letter to Official Draftsperson and attachments
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	- return postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Wayne H. Yan (Reg. 44,485)
Signature	
Date	October 29, 2002

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

9-15289-1us

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	7 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ 355
x \$ ____ =	0
x ____ =	0
+ ____ =	0
TOTAL	355

OR

RATE	FEE
	\$ ____
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 6	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 1	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ ____ =	0
x ____ =	0
+ ____ =	0
TOTAL ADDIT. FEE	0

OR

RATE	ADDI- TIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL ADDIT. FEE	0

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL
ADDIT. FEE

0

OR

TOTAL
ADDIT. FEE

0

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL
ADDIT. FEE

0

OR

TOTAL
ADDIT. FEE

0

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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